

**COMMENTS ON THE AMERICAN TELEMEDICINE ASSOCIATION'S
PETITION FOR RECONSIDERATION OF THE RURAL HEALTH CARE
SUPPORT MECHANISM SECOND REPORT AND ORDER**

WC Docket No. 02-60

As a member of the Nebraska Telehealth Network's Governing Board I am submitting comments in response to the March 13, request for comments from the FCC. This matter is in regard to the American Telemedicine Association's Petition for Reconsideration of the Rural Health Care Support Mechanism Second Report and Order (WC Docket No. 02-60).

I respectfully request that the FCC universally grandfather all current eligible rural sites with no end-date. (CMS has set a precedent for non-limiting grandfathering of telemedicine sites in its guidelines for reimbursement in the Federal Register (Nov. 1, 2001, Vol. 66, No. 212) which states, A federally funded Telehealth program in existence as of December 31, 2000, regardless of geographic location. . .)

The Nebraska Telehealth Network links over 100 hospitals and public health department offices using a hub and spoke configuration with rural critical access hospitals connected to one of seven hub locations. These facilities receive substantial support from USAC funding. Additional support is also received from the Nebraska Universal Service Fund through the Nebraska Public Services Commission.

The new definition of rural has a serious impact on our network as the hub hospitals in Norfolk, Kearney and Grand Island would no longer be eligible for funding through RHCD/USF as would a hospital located in Fremont. These locations are essential to the network and provide much needed services. Therefore, we request that sites eligible as of the date of the Second Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, December 2004, be grandfathered for an indefinite period.

Respectfully,

Max S. Thacker
Associate Director, ITS
University of Nebraska Medical Center

FOR:

The Nebraska Statewide Telehealth Network